

# COVER PAGE

## VALLEY RESEARCH PARTNERSHIP COLLABORATIVE RESEARCH PROGRAM

Please email [PBC-VRPGrants@email.arizona.edu](mailto:PBC-VRPGrants@email.arizona.edu) with any questions

### Title:

#### **Project Mechanism**

P1  P2

#### **3 Keywords Related to Project**

(e.g. cancer, EKG, kinase):

Resubmission:  Yes  No

#### **Principal Investigator:**

*Last Name, First Name*

Early Stage Investigator

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**Academic Title**

**Department**

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**Phone**

**E-mail**

#### **Director of Operations:**

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**Title**

**Department**

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**Phone**

**E-mail**

#### **Performance Site:**

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#### **Principal Investigator 2 or Mentee:**

*Last Name, First Name*

Early Stage Investigator

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**Academic Title**

**Department**

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**Phone**

**E-mail**

#### **Director of Operations (not required for mentees):**

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**Title**

**Department**

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**Phone**

**E-mail**

#### **Performance Site:**

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**Principal Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Principal Investigator Institutional Sign-off**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Investigator 2 or Mentee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Principal Investigator 2 Institutional Sign-off**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The institutional signature will be your direct supervisor e.g. department chair. P1 mentees do not require an institutional signature. The Director of Operations is the person who would be responsible for managing the account and who signs off on the budget.

**Scholarly Projects** - Only the mentor and medical student need to sign the cover page in addition to Dr. Matthew McEchron. Please have Bernadine Sadauskas bsadauskas@arizona.edu sign off on the budget. Electronic signatures are acceptable.